

BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>A</b>							<b>CLAIMS</b>	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	/
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9	/		/				59	
10	/		/				60	
11	/		/				61	
12	/		/				62	
13							63	
14							64	
15							65	
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17							67	
18							68	
19							69	
20							70	
21							71	
22	/		/				72	
23	/		/				73	
24	/		/				74	
25	/		/				75	
26							76	
27							77	
28							78	
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30							80	
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32							82	
33							83	
34							84	
35							85	
36	/		/				86	
37	/		/				87	
38	/		/				88	
39	/		/				89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49	/		/				99	
50	/		/				100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS